

PART B - FEE(S) TRANSMITTAL

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45840

7590

10/14/2008

WOLF GREENFIELD (Microsoft Corporation)
 C/O WOLF, GREENFIELD & SACKS, P.C.
 600 ATLANTIC AVENUE
 BOSTON, MA 02210-2206
 11/13/2008 INTEFSW 00005499 10680549

01 FC:1501 1510.00 OP
 02 FC:1504 300.00 OP

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Gail Driscoll	(Depositor's name)
/Gail Driscoll/	(Signature)
11-13-08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/680,549	10/07/2003	Kamal Jain	M1103.70141US00	5005

TITLE OF INVENTION: MODEL AND METHOD FOR COMPUTING PERFORMANCE BOUNDS IN MULTI-HOP WIRELESS NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/14/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
AJIBADE AKONAI, OLUMIDE	2617	455-423000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wolf, Greenfield & Sacks, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microsoft Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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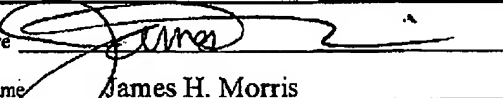
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


 Typed or printed name James H. Morris

Date

10/24/08

Registration No.

34,681

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